| -  |  | ·   |                  | Etho grace     | and net    |  |
|----|--|---|------------------|----------------|------------|--|
| 1  | If the answer is "no," state the date of last employment and the amount of the gross and net |   |                  |                |            |  |
| 2  | salary and wages per month which you received. (If you are imprisoned, specify the last      |   |                  |                |            |  |
| 3  | place of employment prior to imprisonment.)  |   |                  |                |            |  |
| 4  |  |   |                  |                |            |  |
| 5  |  |   |                  |                |            |  |
| 6  |  |   | <u> </u>         |                |            |  |
| 7  | 2. Have you received, within the past twelve (12) months, any money from any of the          |   |                  |                |            |  |
| 8  | following so   | urces:                                      |                  |                |            |  |
| 9  | a.;  | Business, Profession or                     | Yes              | No 🖊           |            |  |
| 10 |  | self employment                             |                  | · .            |            |  |
| 11 | ъ.   | Income from stocks, bonds,                  | Yes              | No_            |            |  |
| 12 |  | or royalties?                               |                  |                |            |  |
| 13 | c.   | Rent payments?                              |                  | _ No <u></u>   |            |  |
| 14 | , <b>d</b> .   | Pensions, annuities, or                     | Yes              | _ No           |            |  |
| 15 |  | life insurance payments?                    |                  |                |            |  |
| 16 | e.   | Federal or State welfare payments,          | Yes              | _ No <u>~</u>  |            |  |
| 17 |  | Social Security or other govern-            |                  |                |            |  |
| 18 |  | ment source?                                |                  | •              |            |  |
| 19 | If the answe   | er is "yes" to any of the above, describe e | ach source of m  | oney and state | the amount |  |
| 20 | received fro   | om each.                                    |                  |                |            |  |
| 21 | N/A  |   | <u> </u>         | <u> </u>       |            |  |
| 22 |  |   |                  | <del></del>    |            |  |
| 23 |  | you married?                                |                  | _ No <u>~</u>  |            |  |
| 24 | II .   | ıll Name: N/A                               |                  |                |            |  |
| 25 | II -   | ace of Employment:                          |                  | <u> </u>       |            |  |
| 26 | Spouse's M   | onthly Salary, Wages or Income:             | ÷                |                |            |  |
| 27 | Gross \$   | Net \$                                      |                  |                |            |  |
| 28 | 4. a.  | List amount you contribute to your          | spouse's support | :\$            |            |  |
|    | II   |   |                  |                |            |  |

| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 | b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).  5. Do you own or are you buying a home? Yes No Carreland Market Value: \$ Amount of Mortgage: \$ \frac{1}{2}/4\$  6. Do you own an automobile? Yes No Carreland Model  Make \frac{1}{2}/4 Year Model  Is it financed? Yes No Carreland If so, Total due: \$ Monthly Payment: \$ No Carreland Monthly Payment: \$ No Carreland Model Name(s) and address(es) of bank:  Present balance(s): \$ \frac{1}{2}/4\$ |  |  |  |
|--|--|--|--|--|
| 17<br>18                               | Do you own any cash? Yes No Amount: \$  Do you have any other assets? (If "yes," provide a description of each asset and its estimated   |  |  |  |
| 19                                     | market value.) Yes No  |  |  |  |
| 20                                     |  |  |  |  |
| 21                                     | 8. What are your monthly expenses?   |  |  |  |
| 22                                     | Rent: \$ INCARSERATED Utilities:   |  |  |  |
| 23                                     | Food: \$ 100.00 / MONTH Clothing:  |  |  |  |
| 24                                     | Charge Accounts:   |  |  |  |
| _25                                    | Name of Account Monthly Payment Total Owed on This Acct.   |  |  |  |
| 26                                     | II   |  |  |  |
| 27                                     | \$\$   |  |  |  |
| 28                                     | \$\$   |  |  |  |
|  |  |  |  |  |

| H   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | tablications indicating amounts and to  |  |  |  |  |  |
| 1   | Do you have any other debts? (List current obligations, indicating amounts and to   |  |  |  |  |  |
| 2   | whom they are payable. Do not include account numbers.)   |  |  |  |  |  |
| 3   | N/K   |  |  |  |  |  |
| 4   | 1. Chavin been presented  |  |  |  |  |  |
| 5   | 10. Does the complaint which you are seeking to file raise claims that have been presented                                    |  |  |  |  |  |
| 6   |   |  |  |  |  |  |
| 7   | in other lawsuits? Yes No<br>Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in |  |  |  |  |  |
| 8   | which they were filed.  |  |  |  |  |  |
| 9   | Which they was and poly   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 10  | I consent to prison officials withdrawing from my trust account and paying to the court                                       |  |  |  |  |  |
| 11  | all installment payments required by the source   |  |  |  |  |  |
| 12  | a demonstry of neritiry that the follogoing is  |  |  |  |  |  |
| 13  | taket a folge statement herein may result in the distinssal of my   |  |  |  |  |  |
| 14  | understand that a large   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 15  | 1 15 3008 AdoPnete, K-07529   |  |  |  |  |  |
| 15<br>16  | 5 July 15, 2008 SIGNATURE OF APPLICANT  |  |  |  |  |  |
| 15<br>16<br>17  | July 15, 2008  July 15, 2008  SIGNATURE OF APPLICANT  |  |  |  |  |  |
| 15<br>16  | July 15, 2008  July 15, 2008  SIGNATURE OF APPLICANT  |  |  |  |  |  |
| 15<br>16<br>17  | July 15, 2008  July 15, 2008  SIGNATURE OF APPLICANT  8   |  |  |  |  |  |
| 15<br>16<br>17<br>18  | July 15. 2008  July 15. 2008  SIGNATURE OF APPLICANT  8   |  |  |  |  |  |
| 15<br>16<br>17<br>18<br>11<br>2   | July 15. 2008  July 15. 2008  SIGNATURE OF APPLICANT  8   |  |  |  |  |  |
| 15<br>16<br>17<br>18<br>1<br>2<br>2   | July 15. 2008  July 15. 2008  SIGNATURE OF APPLICANT  8 9 00  |  |  |  |  |  |
| 15<br>16<br>15<br>18<br>1<br>2<br>2<br>2  | July 15. 2008  July 15. 2008  SIGNATURE OF APPLICANT  B  10  11   |  |  |  |  |  |
| 15<br>16<br>17<br>18<br>1<br>2<br>2<br>2<br>2   | July 15, 2008  July 15, 2008  SIGNATURE OF APPLICANT  DATE  SIGNATURE OF APPLICANT  |  |  |  |  |  |
| 15<br>16<br>17<br>18<br>1<br>2<br>2<br>2<br>2<br>2<br>2   | John Le Korsey  Signature Of Applicant  Signature Of Applicant  Signature Of Applicant  Signature Of Applicant                |  |  |  |  |  |
| 155<br>166<br>117<br>18<br>1<br>2<br>2<br>2<br>2<br>2<br>2<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3 | 10  |  |  |  |  |  |
| 155<br>166<br>117<br>18<br>1<br>2<br>2<br>2<br>2<br>2<br>3  | 10 July 15 2008 DATE  SIGNATURE OF APPLICANT  11 22 25  |  |  |  |  |  |
| 155<br>166<br>111<br>18<br>1<br>2<br>2<br>2<br>2<br>2<br>3  | 15  |  |  |  |  |  |

Filed 07/23/2008 Document 3 Case 5:08-cv-03326-RMW MENT OF CORRECTIONS INMATE REQUEST FOR INTERVIE CDC NUMBER STATE OF CALIFORNIA GA-22 (9/92) FROM (LAST NAME) K-07529 PINEDA TRUST OFFICE DATE JOB NUMBER JULY 3 TO WORK ASSIGNMENT FROM BED NUMBER HOUSING ASSIGNMENT HOURS ONASSIGNED 3H33-L TO OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) FROM Clearly state your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by correspondence. CERTIFICATION TO BE SENT TO COURT. ATTACHED IS THE COPY CENTIFICATE OF FUNDS, I ALSO NEED NOTE: I WILL PROVIDE CASE # AS SOON AS CERTIFICATE OF FUNDS IS RECEIVED BY THE COURT. YOU THANK On NOT write below this line. If more space is required, write on back. your 6 mos cret, to your courselor on 7-9-(TO R.W. WIEKING, CERTIFICATE WAS NAILED ON 7-9-08)

| 1   | all as 22ml   |  |  |  |
|-----|---|--|--|--|
| 2   | Case Number: <u>CV-08-3326</u>  |  |  |  |
| 3   | ) · · · · · · · · · · · · · · · · · · ·   |  |  |  |
| . 1 |   |  |  |  |
| 4   |   |  |  |  |
| 5   |   |  |  |  |
| 6   |   |  |  |  |
| 7   | CERTIFICATE OF FUNDS  |  |  |  |
| 8   | IN  |  |  |  |
| 9   | PRISONER'S ACCOUNT  |  |  |  |
| 10  |   |  |  |  |
| 11  | I certify that attached hereto is a true and correct copy of the prisoner's trust account   |  |  |  |
| 12  | statement showing transactions of <u>GERARDO PINEDA</u> , K-075 29 for the last six months  |  |  |  |
| 13  | [prisoner name]  CSP SAN QUENTIN where (s)he is confined.   |  |  |  |
| 14  | [name of institution]  I further certify that the average deposits each month to this prisoner's account for the                          |  |  |  |
| 15  | 1 1 in the anisonaria   |  |  |  |
| 16  | most recent 6-month period were \$ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ |  |  |  |
| 17  | account each month for the many   |  |  |  |
| 18  | Peted.  |  |  |  |
| 19  | Dated: [Authorized officer of the institution]  |  |  |  |
| 20  |   |  |  |  |
| 21  |   |  |  |  |
| 22  |   |  |  |  |
| 23  |   |  |  |  |
| 24  |   |  |  |  |
| 25  |   |  |  |  |
| 26  |   |  |  |  |
| 27  |   |  |  |  |
| 28  |   |  |  |  |

COMPLAINT

Page 8 of 10 ORIGINAL FILED

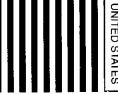
## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

JUL = 9 2008

|   | RICHARD W. WIEKING<br>CLERK, U.S. DISTRICT COURT<br>NORTHERN BIRTHER OF DATESONIA |  |  |  |
|---|---|--|--|--|
| Dear Sir or Madam:  | NORTHERN DISTRICT OF SALIPORNIA   |  |  |  |
| Your complaint has been filed as civil case number  | fee at this time, you   |  |  |  |
| A filing fee of \$350.00 is now due. If you are unable to partial must sign and complete this court's Prisoner's In Forma P the application is granted, you will not have to prepay the to your prisoner account in installments. | fee, but it will be taken out of meonic 7   |  |  |  |
| Your complaint is deficient because you did not pay the fi  |   |  |  |  |
| 1 you did not file an <u>In Forma Pauperis</u> Application  | il.   |  |  |  |
| 2the <u>In Forma Pauperis</u> Application you submitted   | d is insufficient because:  |  |  |  |
| You did not use the correct form. You must submit this court's current P  In Forma Pauperis Application.  |   |  |  |  |
| Your In Forma Pauperis Application was a  |   |  |  |  |
| You did not sign your In Forma Pauperis Application.  |   |  |  |  |
| You did not submit a Certificate of Funds signed by an authorized officer at the prison.  |   |  |  |  |
| You did not attach a copy of your prisone transactions for the last six months.   | er trust account statement showing  |  |  |  |
| Other   |   |  |  |  |
| Enclosed you will find this court's current Prisoner's <u>In</u> includes a Certificate of Funds in Prisoner's Account for convenience.   |   |  |  |  |
| Warning: YOU MUST RESPOND TO THIS NOT THIRTY DAYS from the filing date stamped above file closed and the entire filing fee will become due Forma Pauperis Application will allow the court to                                     | really Tilling a Prisoner's Ill   |  |  |  |
| of the filing fee should be allowed.  |   |  |  |  |
|   | Sincerely, RICHARD W. WIEKING, Clerk,   |  |  |  |
|   | By  |  |  |  |

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